

Health and Adult Social Care Overview and Scrutiny Committee

Agenda

Date: Thursday, 3rd March, 2016
Time: 10.00 am
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 4)

To approve the minutes of the meeting held on 14 January 2016

3. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. **Declaration of Party Whip**

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the Agenda

5. **Public Speaking Time/Open Session**

For requests for further information

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A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: in order for officers to undertake and background research, it would be helpful if members of the public notified the Scrutiny Officer listed at the foot of the Agenda at least one working day before the meeting with brief details of the matter to be covered.

6. **Assistive Technology Task and Finish Group Response** (Pages 5 - 14)

To consider a report in response to the Assistive Technology Task and Finish Group Report which was submitted to Cabinet on 3 March 2015

7. **Public Health Funding** (Pages 15 - 18)

To consider a report on Public Health Funding

8. **Better Care Fund 2016/17** (Pages 19 - 26)

To consider a report on the Better Care Fund for 2016/17

9. **Work Programme** (Pages 27 - 32)

To review the current Work Programme

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Overview and Scrutiny Committee**
held on Thursday, 14th January, 2016 at Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Saunders (Chairman)
Councillor L Wardlaw (Vice-Chairman)

Councillors Rhoda Bailey, B Dooley, G Merry, A Moran and D Flude (sub for L Jeuda)

Apologies

Councillors D Bailey and L Jeuda

ALSO PRESENT

Councillor J Clowes – Cabinet Member for Adult and Health in the Community
Brenda Smith – Director of Adult Social Care and Independent Living
Dr Heather Grimbaldeston – Director of Public Health
Annette Lomas – Projects and Performance Manager
Rob Walker – Commissioning Manager
Guy Kilminster – Head of Health Improvement
Jacki Wilkes – NHS Eastern Cheshire Clinical Commissioning Group
Rachel Wood - NHS Eastern Cheshire Clinical Commissioning Group
Sue Cooke – NHS South Cheshire Clinical Commissioning Group
Sue Milne - NHS South Cheshire Clinical Commissioning Group
Tony Mayer – Mid Cheshire Hospitals NHS Foundation Trust
James Morley – Scrutiny Officer

58 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 26 November 2015 be approved as a correct record and signed by the Chairman.

59 DECLARATIONS OF INTEREST

There were no declarations of interest

60 DECLARATION OF PARTY WHIP

There were no declarations of party whip

61 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to speak

62 **CARERS TASK AND FINISH GROUP NOVEMBER 2013 - JANUARY 2015**

The Committee considered a report in response to the recommendations of the Committee's Carers Task and Finish Group which conducted a review between November 2013 and January 2015. The report outlined how the Council, NHS Eastern Cheshire and NHS South Cheshire Clinical Commissioning Groups were delivering key responsibilities outlined in the Care Act 2014 and Children and Families Act 2014 and how the task group recommendations had been included with the Joint Strategy for Carers of All Ages in Cheshire East 2016-2018.

The report provided a response to each of the Carers Task Group's recommendations and during the discussion members asked questions. The following points arose:

- Liquid Logic (computer software used to manage care records) was currently being used by Children's services and would be implemented for use by Adult Social Care services by April 2016.
- Services were not currently up to date on 12 month reassessments of care users' needs but those with greatest need were prioritised to ensure their care was appropriate. All service users would eventually have their reassessment. There needed to be a balance between conducting a quality assessment and completing all assessments in a timely manner.
- The Care Services Directory 2015 was shared at the meeting and was a useful tool to help carers and users access appropriate services. This directory was shared with GPs to ensure they knew about local services and the directory was available online.
- Transition officers had been appointed to support young carers transitioning to adults so that they received a seamless service.
- Joint events for social care staff and carer support services had been held to promote the role of carers and to ensure more carers were being identified with the support of other carers. Carers were also being involved in the development of new services/initiatives.
- GP contracting arrangements were currently changing and core services were being enhanced to take carers needs into consideration as a requirement.

The Committee was informed that the Joint Strategy for Carers of All Ages in Cheshire East 2016-2018 was due to be approved by all governing bodies in spring and had been influenced by the Task Group's Report.

RESOLVED – That the response to the Carers Task and Finish Group recommendations be noted.

63 **WINTER WELLBEING AND WINTER PLANNING**

The Committee gave consideration to three reports from Cheshire East Council, NHS Eastern Cheshire CCG and NHS South Cheshire CCG respectively into winter wellbeing and planning for winter pressures.

The report from the Council explained the role of the Winter Wellbeing Partnership which was formed in 2012. The Partnership had had a positive impact on improved co-ordination of activities by organisations and raised awareness in relation to the risks of cold weather. NICE guidance on excess

winter deaths had helped services to identify and tackle issues e.g. lack of insulation and high energy prices leading to cold homes. Larger housing associations were also involved in helping their residents with heat efficiency. Cheshire East had a high proportion of elderly and vulnerable residents and winter mortality was higher than some other areas. The Council needed to compare with similar areas from across the country.

Through their System Resilience Groups (SRGs) the two Clinical Commissioning Groups (CCGs) developed plans for ensuring that health services were able to cope with the additional pressures that colder weather in the winter months brought.

Eastern Cheshire had developed a condensed plan with a focus on improving patient flows through the health and care system. The report suggested that East Cheshire NHS Trust was busy and under pressure but coping well. Primary Care services in Eastern Cheshire were also doing well with the uptake of the Flu Jab. It was suggested that more intermediate care beds might be needed to improve the discharge of elderly and frail from acute services.

South Cheshire operated its SRG with Vale Royal CCG on a Mid Cheshire Hospitals NHS Foundation Trust footprint. They suggested three areas of impact including a reduction in admissions, getting through hospital quickly and being discharged on time. The CCGs were working with community groups (e.g. Red Cross) to support people to be discharged from hospital sooner.

The Committee wished to receive further reports from the Council and CCGs in the autumn ahead of next winter to consider what preparations were being put in place and to see how this winter's initiatives had impacted on excess winter deaths and health outcomes for patients.

RESOLVED

- (a) That the Committee requests an update on winter wellbeing and winter pressures planning from the Council and Clinical Commissioning Groups in six months time ahead of next winter.

64 **HYPER ACUTE STROKE PATHWAY FOR SOUTH CHESHIRE PATIENTS**

The Committee considered a report from Mid Cheshire Hospitals NHS Trust and South Cheshire Clinical Commissioning Group regarding a change in stroke services. There had been a national focus on changing services to stroke patients with a greater emphasis on an early treatment phase followed by a rehabilitation phase. With two separate phases services could be delivered in a different way with specialist treatment in the early stages of a stroke being provided at specialist centres and rehabilitation provided locally.

The Committee had considered similar proposals from Eastern Cheshire CCG in 2015 regarding the change of stroke services which would now be delivered by Stepping Hill and Salford Royal rather than locally at Macclesfield General Hospital. Currently Leighton Hospital provided stroke services in the South of the Borough and with current staffing of specialist consultants it was not able to provide a consistent 24/7 service.

The new service proposed providing hyper acute Thrombolysis at Leighton Hospital followed by 24/7 consultant covered care at North Staffordshire University Hospital for 72 hours. Patients would then be transferred back to Leighton for their rehabilitation. This model of care was proven to provide better health outcomes for stroke patients with some of those receiving thrombolysis seeing their stroke symptoms reversed.

The Committee was asked to support the proposed changes to services. Having supported the change to services in the Eastern Cheshire area the Committee also supported the changes proposed in the South.

RESOLVED – That the Committee supports the proposals to change stroke services provided by Mid Cheshire Hospitals NHS Trust.

65 **WORK PROGRAMME**

The Committee agreed to defer consideration of the work programme due to time constraints on the meeting.

RESOLVED – That this item be deferred to the next meeting.

The meeting commenced at 10.00 am and concluded at 12.45 pm

Councillor J Saunders (Chairman)

CHESHIRE EAST COUNCIL

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting:	3 March 2016
Report of:	Director of Adult Social Care and Independent Living Brenda Smith
Subject/Title:	Progress Report on Assistive Technology Task and Finish Group Recommendations
Portfolio Holder:	Cllr Janet Clowes – Care and Health in the Community

1 Report Summary

- 1.1 This report is to give an update on progress in respect of assistive technology and outlines how Cheshire East Council Adult Social Care is addressing the recommendations of the Health and Adult Social Care Overview and Scrutiny Committee – Assistive Technology Task and Finish Group (February 2015).

2 Recommendation

- 2.1 That this report is presented to Members for information and comment.

3 Reasons for Recommendations

- 3.1 To update Members on the progress to date against the recommendations of the Assistive Technology Task and Finish group

4 Wards and Local Ward Members Affected

- 4.1 All Wards.

5 Background and Options

- 5.1 The Policy Development Group - sub group, which subsequently became the Overview and Scrutiny Task and Finish Group (the Group), held several meetings between March 2014 – January 2015, with a variety of officers to discuss how the use of Assistive technologies could be developed throughout adult social care service to help people remain independent and health in their own homes for longer.

- 5.2 Through the review the Group considered three policy areas:

- Effectiveness: - how effective is assistive technology in achieving good outcomes for prevention and early intervention of illness to help maintain independence?
- Universal Accessibility: - how accessible should the Council make AT? Should it be reserved for the few with critical and substantial needs or should it be made available to everyone who could benefit from it?
- Charging: - Who should pay and how much; what is financially sustainable for the Council and what are the cost benefits of providing AT?

5.3 The Group presented their final report and recommendations to Cabinet in March 2015 (Appendix 1: Health and Adult Social Care Overview and Scrutiny Committee Assistive Technology Task and Finish Group full report)

5.4 As the report made two recommendations to the Cheshire East Health and Wellbeing Board, a report was taken to the Health and Wellbeing Board Meeting in September 2015 with those recommendations. The Health and Wellbeing Board made four resolutions in respect of the report and recommendations:

1. That the various bodies' experiences of good practice in the use of assisted technology be shared and built into the commissioning monitoring process.
2. That an update report in respect of Section 256 funding, coming through the Better Care Fund, and also the LD s.256 pilot be submitted to a future meeting of the Board.
3. That further consideration be given to the demographic implications in respect of using the age of 85 as a cut off point
4. That the ongoing work to review and update the Health and Wellbeing Strategy consider the place of Assistive Technology as a priority for the Board and how its use might be promoted and incorporated through the ongoing development of integrated teams, and other developments coming out of the Connecting Care and Caring Together Programmes.

6.0 Response from the Director of Adult Social Care to the recommendations for Cheshire East Council

Adult Social Care Services have committed to implement the recommendations as approved by Cabinet in March 2015. Details of progress against the recommendations are detailed below with the Task and Finish Group recommendations included as headings in bold.

6.1 That the development of Extra Care Housing be prioritised to ensure that there is sufficient supply in the Borough to meet the rising demand from the growing older population.

The future development of additional Extra Care Housing within Cheshire East will be reviewed to assess the need for this type of accommodation going forward. This will include an overview of the location of current schemes, the type of schemes that are available e.g. to rent, shared ownership and owner-occupation, the level of care provision in the schemes and how best to develop sustainable accommodation for older people taking into account future demand, preferences of older people living in Cheshire East and ensuring choice for older people.

6.2 That the use/provision of assistive technology is included in all of the Council's contracts with care providers that it commissions.

Within Adult Social Care, as new contracts are reviewed and retendered we are including the use and provision of assistive technology within these contracts. In the last 12 months new contracts that include this requirement are:

- the Dementia Reablement Service
- the Life Links Pilot
- when individual packages of care are recommissioned or designed. For example; one of the Specialist Assistive Technology workers offered advice on technologies to protect the wellbeing of a resident of an EMI Residential Care Home.

Over the next 2-3 months we are recommissioning key information and advice contracts and will include assistive technologies within the new contracts.

When home care services are recommissioned for April 2017, the use and provision of assistive technologies will be included within the contracts.

Long Term Residential & Nursing home contracts are due to be reviewed in the next 12 months and assistive technologies will again be included within the new contracts.

The increased use of direct payments also provides an opportunity for individuals to consider how assistive technologies can support them. The Specialist Assistive Technology workers and the Life Links service can offer information and advice to enable people to take up technologies as part of their support planning.

As part of the pilot developing assistive technology options for people with learning disabilities, the specialist Assistive Technology Worker has been

working with providers of support for people with learning disabilities, as well as the individuals themselves, to consider where technologies can support and promote independence.

- 6.3 That the Council with its CCG Partners, the North West Ambulance Service and Housing Associations give consideration to funding to implement the initiative piloted by Peaks & Plains and NWAS to reduce the number of hospital admissions across the Borough.**

This recommendation to build on the initiative piloted by Peaks & Plains and NWAS has been integrated into the recommissioning of assistive technology support service financed through the Better Care Fund. Within the new contract specification there is a requirement on the provider to work with the ambulance service and primary care colleagues within the NHS to reduce hospital admissions. This will be achieved by providing a prompt response to people who have had a fall at home and where they have not sustained an injury, supporting them to get up and remain in their own home. The new contract will also require the provision of information to primary care colleagues about any incidents involving their patients that may require their follow up. For example, any incident where a customer has fallen but where hospital treatment is not required will be reported (with the customer's consent) to their GP surgery. The aim of this approach is that primary care colleagues will be aware of these incidents and will be able to follow up with their patients as required.

- 6.4 That the three levels model of Telecare service proposed in the Charging Policy public consultation be adopted.**

The current telecare contracting arrangements does not enable the full three levels model of telecare service to be implemented effectively. This will be addressed in the new assistive technology support service contract. The new charging rate has been adopted following the public consultation and the date of implementation was 12th December 2015. Customers are being charged at the standard (lowest) rate, which is currently £5 per person per week.

- 6.5 That charges for the three levels of Telecare service be set at a level that ensures the service is financially sustainable without deterring potential service users.**

The revised charging for telecare services has been implemented from the 12th December 2015.

The impact for people who have been affected by this change has been closely monitored and at the end of January 2016, 23 people (out of a total of 1926 people who receive telecare) who have decided to discontinue their service since the information about the changes to charging was communicated gave the rise in cost as the reason for their decision. Community teams have been working closely with those individuals who have asked to have their service removed to consider how any outstanding needs can be met so that people remain as independent as possible, to ensure that eligible needs are met and any risks are managed.

With regard to potential users of the telecare service, when the impact of the Christmas period is taken into account (referrals reduce routinely between Christmas and New Year), there has been no change in the number of people who have been referred for telecare since the change in the charges was announced. This suggests that potential service users have not been deterred by the change. In the 3 months since the announcement (November 2015 to January 2016) 313 people have been referred for telecare and in the 3 months before the announcement (August 2015 to October 2015) there were 342 people referred.

6.6 That the need to implement new charges for assistive technology and rationale for the charges chosen be effectively communicated to service users.

There has been effective communication with service users through the consultation process and through the information that has been sent out to service users about the changes in charging. A system has been put in place to identify those people who are over the age of 85 and live on their own and are entitled to a free service following the changes. Those people who fit into this category received information about this change and the charge for their service has been removed from the date of implementation.

6.7 That when residents request an assessment and are assessed as being low to medium risk they are provided with information and advice about assistive technology, and the benefits of early intervention and prevention, to enable them to access products and services privately.

Community Social Work Teams (SMARTs) and Occupational Therapy teams routinely provide information and advice about assistive technology to people where their needs are assessed under the Care Act 2014 as not being eligible for support from the Council. The Specialist Assistive Technology Workers

working within the Community Teams are a key part of the provision of information and advice about assistive technologies, constantly updating their knowledge of the developing market for products and services. The information provided includes how people can access assistive technologies privately. This information can be given where people contact Cheshire East Council by phone for advice or following an assessment of their needs under the Care Act.

Through the pilot developing assistive technology options for people with learning disabilities, the specialist worker has made a number of recommendations for individuals where the needs are highlighted are low to medium risk. For example, as part of an assessment of a sibling, a man with learning disabilities asked about support to manage low level risks when he was spending time on his own. Advice and information were provided about telecare so that he was able to access the service privately.

In addition, the Council, using s.256 funding, has commissioned the Life Links service pilot, which supports people who are not in contact with adult social care to be as well as they can be and to have a good quality of life. Information and advice about assistive technologies is a key part of the Life Links service. The Life Links website and the Wellbeing Co-ordinators employed by the service provide information and advice about assistive technologies to any citizen or their family/carers without needing a formal social care assessment. This universal service aims to widen the public's knowledge of assistive technologies so that they can purchase these as prevention and early intervention to increase independence and self care. Cheshire East's Dementia Reablement Service offers help and support for individuals in the early stages of dementia and information and advice about assistive technologies is an integral part of the service's offer. People are provided with details of products and services that might be able to support them and how they can purchase these privately.

Assessments that take place in the Independent Living Centre in Wilmslow, where people are assessed as not having eligible needs include the consideration of information and advice about assistive technologies with the aim of supporting and promoting independence for the individual.

As part of reablement services in Cheshire East, where workers have supported individuals to increase their independence and where those individuals do not have eligible needs, information and advice will be provided to enable people to purchase assistive technology equipment and services privately to develop and sustain their independence.

6.8 That service users in receipt of Telecare service also be provided with information and advice about additional assistive technology to enable them to access products and services to further support their needs privately.

Information and advice about additional equipment that people in receipt of a telecare service from the Council may benefit from is routinely discussed as part of the assessment process. There are a number of examples of where service users have acted on the information provided, including the purchase of 'day-night' clocks for people with dementia who have difficulty in determining whether it is daytime or night time. Another example is where a service user with physical disabilities is considering the private purchase of a video camera system which will enable him to see callers at his door, speak to callers and open the door remotely if he would like to let them in.

As part of the pilot developing assistive technology options for people with learning disabilities, there have been a number of instances where additional technologies have been recommended and taken up by people who are receiving services. For example, a man with learning disabilities and autism was unsettled at night time and his behaviour was concerning his mother as his main carer. Following an assessment, it was clear that the son was anxious about the house being in darkness. The specialist worker suggested that the family purchase a torch for the son, to enable him to see when it is dark without disturbing his mother and an automatic verbal reminder for next to the front door, reminding the man not to leave the house at night time. The family took up these suggestions and both the man and his mother's anxieties have reduced substantially as a result.

The worker has also worked with a number of people with learning disabilities to support them to use their own technology to access the internet and apps to promote their independence. For example; there are 2 people with learning disabilities who are now able to do their own weekly shop independently, using the internet or apps rather than relying on support staff to assist them.

6.9 That the Health and Wellbeing Board be requested to encourage health service providers and commissioners to promote the benefits of assistive technology to patients and service users in order to increase its use as part of early intervention and prevention initiatives.

The Task Group report was presented to the Health and Wellbeing Board in September 2015 and the Board have resolved, "that the ongoing work to review and update the Health and Wellbeing Strategy consider the place of Assistive Technology as a priority for the Board and how its use might be promoted and incorporated through the ongoing development of integrated

teams, and other developments coming out of the Connecting Care and Caring Together Programmes.”

Assistive technologies are increasingly featuring in health discussions about future approaches to meeting health outcomes. For example; Eastern Cheshire CCG are commissioning a pilot service for people with Diabetes where assistive technology is an integral part of the service for patients. In addition, Eastern Cheshire CCG have also invested in telehealth in nursing homes locally.

6.10 That the Health and Wellbeing Board be requested to consider how funding for assistive technology projects can be increased through contributions from health and care commissioners.

Following the presentation of the Task Group report to the Health and Wellbeing Board in September 2015, the Board have requested, “an update report in respect of Section 256 funding, coming through the Better Care Fund, and also the LD 256 pilot be submitted to a future meeting of the Board.” Quarterly reports on the Better Care Fund (formerly the Section 256 funding) are submitted to the Health and Wellbeing Board and an update report about the mainstream assistive technology scheme and the pilot scheme developing assistive technology for people with learning disabilities is scheduled for May 2016.

The pilot is being formally evaluated for both effectiveness and value for money before any proposal is made to continue longer term.

6.11 That officers be requested to explore the possibility of providing telecare services free of charge to over 85s who live alone and whether this would be financially sustainable and effective in maintaining independence.

The recommendation to explore the possibility of providing telecare services free of charge to over 85s who live alone was taken up and was projected to be financially sustainable and effective in maintaining independence. The recommendation has been implemented as part of the Adult Social Care Charging Policy Review.

At the end of January 2016, there were 413 people receiving the telecare service (out of a total of 1926 customers, 21% of the total) who are receiving the service free of charge because they are over 85 and live on their own.

At the Health and Wellbeing Board in September 2015 as part of the discussion of the Task Group report, the Board resolved that, “That further consideration be given to the demographic implications in respect of using the

age of 85 as a cut off point.” The minutes state that it was considered that, “the age 85 year cut off was not appropriate in some areas where critical illness came earlier and that this could exclude people in more deprived areas. Using the “last 10 years of life” might be a more appropriate measure.”

In considering a charging approach based on the last 10 years of life, there are considerations about the capacity of the Council’s systems to charge people based on this approach. The charging model has to apply consistently to a specific rule and cannot be manually applied to individual cases. The Council has completed extensive public consultation in this area and amended policy as a result so any further changes would need to follow a similar process.

The major target groups for telecare services are people who are living with dementia and frail people who are at risk of falls. Chronological age is the most significant factor in the incidence of both dementia and frailty. The Projecting Older People Population Information System reports that in Cheshire East 25% of people over 85 are estimated to have dementia, compared with 12% of people aged 80 to 84 years. With regard to falls, 43% of people aged over 85 are estimated to be likely to have a fall, compared with 33% of people aged 80 to 84 years. The rationale for a cut off point at age 85 is that increasing age is an important factor associated with the risks that telecare is intended to manage, to a greater extent than critical illness.

7.0 Contact Information

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Cheshire East Council

REPORT TO: Health and Adults Social Care Overview and Scrutiny Committee

Date of Meeting: 3rd March 2016
Report of: Director of Public Health – Dr Heather Grimbaldeston
Subject/Title: Public Health Budget
Portfolio Holder: Cllr Janet Clowes

1. Report Summary

1.1 This is a report providing an overview of the budget for Public Health Services in 2016/17.

2. Recommendations

2.1 That the Committee notes the report

3. Public Health Funding and financial position

3.1 The Chancellor's Autumn Statement confirmed that Local Authorities funding for public health would be reduced by an average of 3.9% in real terms per annum until 2020. This equates to a reduction in cash terms of 9.6% over the same period.

3.2 In reviewing the direction of travel in terms of the funding of Public Health services in Cheshire East it is useful to understand the distinction between the additional monies coming in to fund new responsibilities (e.g. the 0 – 5 service for Children) and the year on year reductions being imposed.

3.3 In looking at funding levels for 2016/17, with the new responsibilities for 0-5 year's olds added in, the base funding before any reductions can be restated as £18.7m. However the actual funding is £17.3m, reflecting the nationally imposed £1m reduction during 2015/16 and applied recurrently, alongside a further reduction for 2016/17 of £400k. These funding reductions are then applied year on year, which when taken through to the end of the parliament mean a cumulative reduction in excess of £2m (or 15%.)

3.4 A number of additional factors need to be considered when looking at these funding levels. Firstly, we were expecting a 10% uplift to the Cheshire East budget as we are one of the lowest funded areas in the North West and country. Taking two northern councils for comparative purposes, Liverpool obtains double per head and Blackpool treble per head. Secondly, the impact of funding reductions when set against rising prices (in effect increasing the impact of reducing funding level) and increasing demand for investment which can be evidenced.

3.5 When these factors are taken together it is apparent the financial outlook for Public Health has become considerably more challenging post transfer to the Local Authority than at the start of

2013/14. In addition, this financial challenge is only likely to increase over the medium term as real term funding reductions come through, with further reduction of £425,001 (2.5%) in 2017/18.

- 3.6 The Public Health Ring Fenced Grant for 2016/17 and 2017/18 were announced on 11th February 2016 confirming this position.
- 3.7 The Autumn Statement also confirmed that the central government grant, ring fenced for use on public health functions would continue for at least two more years. Therefore, in our budget planning, we have included 2018/19 and 2019/20 and have estimated a further 2.6% reduction in these years.
- 3.8 The table on the next page summarises these allocations and provides the historic context for 2013/14 and 2014/15.

4. Public Health Services

- 4.1 Since responsibility for public health functions transferred to Local Authorities from the NHS in April 2013, a number of changes to delivery of services has been made.
 - A new Drug and Alcohol service for adults and young people. This contract is with Cheshire and Wirral Partnership. It started in October 2014 and lasts for three years with the option of extending for a further two years.
 - A new sexual health service. This contract is with East Cheshire Trust. It started in September 2015 and lasts for three years with the option of extending for a further two years.
 - A new integrated Health Visiting and School Nursing service. This contract is with Wirral Community Trust. It started in October 2015 and lasts for three years with the option of extending for a further two years.
 - A new health and wellbeing services offering lifestyle advice and support to residents in an integrated way is currently being procured with contracts expected to be awarded in April 2016.
- 4.2 Despite the cuts in the public health budget, we are confident that these contract commitments can be met.
- 4.3 In addition we have run a successful transformation fund: allocated over £1m (non recurrently) over 4 rounds, 13 projects supported.
- 4.4 Invested in Children's and Adults Services to secure public health improvement through these areas. The Childrens money is being used to promote the empowered child and healthy eating in schools. The adults funding will support Local Area Co-ordinators and an expand team of Community Agents.

- 4.5 Supported the activity of the Clinical Commissioning Groups and the Cheshire Integrated Health and Care Pioneer.
- 4.6 Worked with the Economic Growth and Prosperity Directorate for example on HS 2, the Local Plan, and the Cultural Commissioning Framework and with HR on workforce health initiatives.
- 4.7 Supporting the Communities Service for example, with Community Hub development and Asylum Seeker and Refugee policy.

5. Public Health priorities 2016/17

- 5.1 Given that the allocations were only confirmed on 11th February 2016, we are still working through the final list of public health priorities for 2016/17, but the committee should note the relevance of the strategic plan published in May 2015.
- 5.2 Effective commissioning of early intervention and prevention activity can not rely solely on the public health ring fenced grant. We need a coherent programme with all directorates of the council and our partners working together and investing to achieve the necessary improvements in health and economic advantage to sustain excellent quality services for residents within the current and planned council and system budget. To this end we commit to working in partnership, to integrate, join up delivery, improve effectiveness and efficiency of delivery, fundamentally deal with the root causes of problems in our communities and empower them to drive the change forwards.

6. Access to Information

The contact details for this report are as follows:

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Appendix 1

Public Health Grant Per Year	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Base budget	£13,761,800	£14,274,400	£14,274,000	£15,598,222	£17,258,001	£16,833,000	£16,395,342
Increase for 0-5 Health Visiting			£2,353,000	£2,353,000			
In year reduction in PHE funding			-£1,028,778	-£399,488	-£425,001	-£437,658	-£426,279
Transfer of base funding to CCG for Community special school nursing				-293,733			
PHE Awards		£3,613					
Total net budget	£13,761,800	£14,278,013	£15,598,222	£17,258,001	£16,833,000	£16,395,342	£15,969,063
Increase of PHE funding for dispensing costs - invoiced			£291,000	£291,000	£291,000	£291,000	£291,000
Public Health Reserve		£1,619,586	£1,971,701	TBC	TBC	TBC	TBC
Grand total	£13,761,800	£15,897,599	£17,860,923	£17,549,001	£17,124,000	£16,686,342	£16,260,063

Notes

Public Health reserve, in the above table, shows the closing balance from prior years. So in 2014/15 £1,619,586 has been carried from 2013/14

In 2018/19 and 2019/20 an estimated 2.6% reduction has been used to calculate the in year reduction figure

Cheshire East Council

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 8 March 2016
Report of: Director of Adult Social Care and Independent Living
Subject/Title: Better Care Fund 2016/17
Portfolio Holder: Cllr Janet Clowes (Health and Social Care)

1. Report Summary

- 1.1 The purpose of this report is to provide Health and Social Care Overview and Scrutiny Committee (OSC) with an update on the proposals for the implementation and delivery of the Cheshire East Better Care Fund (BCF) in 2016/17, and an opportunity to scrutinise the proposed areas of additional pooling for 2016/17.
- 1.2 The report requests support from the OSC to continue the 2015/16 arrangements and enter into two s75 Partnership Agreements from 1st April 2016 until 31st March 2017 with local health partners (namely Eastern Cheshire CCG and South Cheshire CCG) with the option to continue post April 2016/17, so long as there is a national requirement to operate the BCF as a s75 pooled budget agreement.
- 1.3 A request is to be made on 8th March at Cabinet for authority to be delegated to the Director of Adult Social Care and Independent Living to make decisions and agreements on behalf of the Council in relation to the commissioning of schemes funded by the BCF. These decisions will be made via the BCF Governance Group.

2. Recommendation

- 2.1 It is recommended that OSC:
 - a. Supports the Council in continuing the 2015/16 arrangements and be party to two s75 Partnership Agreements from 1st April 2016 until 31st March 2017 with local health partners (namely Eastern Cheshire CCG and South Cheshire CCG) with the option to continue post April 2017 so long as there is a national requirement to operate the BCF as a s75 pooled budget agreement.
 - b. Supports delegated authority being granted to the Director of Adult Social Care and Independent Living to make decisions and agreements on behalf of the Council in relation to the commissioning of schemes funded

by the BCF. This delegated authority is subject to consultation with the Director of Children’s Services should Young Carers be agreed as a joint work area for 2016/17.

- c. Acknowledges that the continuation of the two s75 arrangements is proposed to reflect the local integrated care system programmes (Caring Together being led by Eastern Cheshire CCG and Connecting Care being led by South Cheshire CCG);
- d. Provides scrutiny of the proposed additional areas of pooling for 2016/17 and approves the proposals.

Reasons for Recommendation

- 3.1 The BCF plans and allocations have been developed on the Cheshire East Health and Wellbeing Board basis, as required. In 2015/16, the pooled budget for Cheshire East was £23.9m, and consisted of Local Authority Capital funding of £1.8m, South Cheshire CCG funding of £10.5m and Eastern Cheshire CCG Funding of £11.6m. This was the minimum required pool nationally.
- 3.2 In 2016/17, the minimum required pool is £24,236,470 and consists of Local Authority Capital funding of £1,637,640, South Cheshire CCG funding of £10.705m and Eastern Cheshire CCG funding of £11.894m.
- 3.3 However, due to the combination of factors, including the national direction of travel and improvements in trusting meaningful working relationships, there is an appetite across partners to have a 2016/17 pooled budget that goes beyond the minimum required. The financial implications of this are still being finalised but it is expected to be within the region of £27m.
- 3.4 The proposed areas of work to bring within the pooled budget for 2016/17, in addition to those already in for 2015/16, are shown in the table overleaf in 3.4.1, along with the rationale for the inclusion. Financial values for each of these work areas are currently being worked up, both for Cheshire East Council, and for the health and social care system as a whole (i.e. including CCG spend).

3.4.1

Work Area	Rationale
Whole of integrated teams and STAIRRS/ transitional care staffing where it is not already included.	15/16 arrangement of having part of integrated teams staffing budget in pooled budget is meaningless in reality. This approach demonstrates a more meaningful commitment to a joint commissioning approach across the partners.

All spend on carers including young carers to be brought in	Joint carer's strategy has been agreed across partners and implementation plan is being finalised.
Cheshire Care Record	Much of BCF work via schemes and to meet national conditions is dependent upon the Cheshire Care Record. All partners already working together on this.
Mental health reablement	Other reablement services are already within the pooled budget so this would provide alignment across work areas.
Alcohol services	These are being recommissioned as part of a wider public health integrated service so discussions needed regarding bringing in whole service or not as would not wish to include part of a service. Awaiting Director of Public Health view on this proposal
Community Equipment Services to be brought in and possibly profiled with Disabled Facilities Grant (DFG), universal outreach and assistive technology (AT)	Other schemes, such as DFG, universal outreach and AT are already in BCF. Bringing them all together under the pooled budget is more reflective of the patient / service user's experience. This approach will support further development of closer working across the schemes to provide a pathway approach rather than numerous "gateways". This approach should also promote more preventative interventions.

3.5 The initial Cheshire East BCF plan for 2016/17 was originally supposed to be submitted to NHS England on 8th February 2016 together with CCG operational plans. However, delays in the release of the template along with a lack of timely co-ordination with the announcements regarding Local Authority grant settlements has led to this deadline being postponed until the following:

- 2 March:** Local areas to submit the completed BCF Planning Return template to your local NHS England teams detailing the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.
- 21 March:** First submission of full narrative plans for Better Care alongside a second submission of the BCF Planning Return template.
- 25 April:** Final submission, once formally signed off by the Health and Wellbeing Board.

- 3.6 Full approval by NHS England of the plans for 2016/17 is based on the following conditions:
- A s75 pooled budget agreement is used as the mechanism to deliver the approved BCF plan.
 - Health and Wellbeing Boards jointly agree plans for how money will be spent, with plans signed off by the local authority and Clinical Commissioning Groups
 - Areas will allocate funding to NHS-commissioned out of hospital services, which may include a wide range of services including social care.
 - Social care services are maintained
 - Agreement for the delivery of 7-day working across health and social care
 - Improved data sharing between health and social care based on the NHS number
 - Joint approaches to assessment and care planning, and that where integrated packages of care are funded, that there is an accountable professional
 - Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
 - Agreement on a local action plan to reduce delayed transfers of care
- 3.7 It is a statutory requirement for a s75 pooled budget and associated partnership agreement to have been in place to support the delivery of the BCF from 1st April 2015, and for this to be continued into 2016/17. The pooled budget arrangement is fundamental to the smooth delivery and implementation of the BCF plan, in particular ensuring that the level of both financial and non financial risk that partners could be exposed to is managed appropriately.
- 3.8 In 2015/16, the Cheshire East Health and Wellbeing Board endorsed progressing with two separate s75 pooled budget agreements locally, to support the delivery of the Better Care Fund plan and to be aligned with the respective health integration programmes Caring Together (Eastern Cheshire Clinical Commissioning Group) and Connecting Care (South Cheshire Clinical Commissioning Group). Cheshire East Council would enter into two separate s75 arrangement with South Cheshire Clinical Commissioning Group and Eastern Cheshire Clinical Commissioning Group. It is proposed that this arrangement continues into 2016/17. The Cheshire East Better Care Fund plan has been developed with health partners and is aligned with local health and social care transformation programmes.
- 3.9 Cheshire East Council is a core partner of the partnership arrangements and Cabinet approval is required to enter into the s75 partnership arrangements. The BCF s75 agreements for 2015/16 have been reviewed for 2016/17 by the BCF Governance Group and respective partners are now considering the revised s75 agreements.
- 3.10 The governance arrangements supporting the s75 Better Care Fund pooled budget arrangement are fundamental to the smooth delivery of the expected changes and ensuring the level of risk both financial and non-financial the council, partner organisations and providers are exposed to. The s75 pooled

budget partnership agreements provides an overview of the current governance arrangements.

- 3.11 Policy Guidance regarding the BCF for 2016/17 describes the need for areas to develop Sustainability and Transformation Plans to 2020 by June 2016. These plans will need to describe how fully integrated health and social care systems will be achieved by 2020. Partners recognise that the BCF s75 pooled budget is a vehicle by which this can be achieved. However a significant rate of pace and change will be required to get from the minimum required to a fully integrated system. Areas that do go beyond the minimum requirements in 2016/17 are expected to have more autonomy in choosing the method by which their integrated system is achieved and in managing this integration process.

4. Other Options Considered

- 4.1 The requirement to have a s75 agreement and BCF is mandatory.
- 4.2 Other options considered included to maintain a minimum financial pool and to enter a larger pool.
- 4.3 The option to maintain a minimum pool has not been recommended as it does not demonstrate progress in the direction of a fully integrated Health and Social Care system by 2020 as required nationally.

5. Background

- 5.1 The BCF is a nationally driven initiative being overseen by the Department of Health and is a key part of Public Sector Reform supporting the integration of Health and Social Care. The BCF enters its second year in 2016/17 with a national pooling of £3.9billion (an increase from £3.8 billion in 2015/16) from a variety of existing funding sources within the health and social care system and will be utilised to further develop closer integration across health and social care. The BCF is a pooled budget held between Local Authorities and Clinical Commissioning Groups (CCG's) via a legal section 75 (s75) partnership agreement.

6. Wards Affected and Local Ward Members

- 6.1 All wards.

7. Implications of Recommendation

7.1 Policy Implications

- 7.1.1 Health and Social Care integration is a key element of public sector reform. The Better Care Fund develops these joint initiatives further during 2016/17.

- 7.1.2 Elements of the Better Care Fund funding are linked to the implementation of the Social Care Act, in particular carers, safeguarding boards and maintaining eligibility criteria.

7.2 Legal Implications

- 7.2.1 S141 of the Care Act 2014 provides for the Better Care Fund Pooled Funds to be held under and governed by an overarching s75 National Health Service Act 2006 Partnership Agreement.

- 7.2.2 Pursuant to Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the “Regulations”), NHS bodies and local authorities can enter into partnership arrangements for the exercise of specified functions. The regulations define the nature of the partnership arrangements. They provide for the establishment of a fund made up of contributions from the partners out of which payments may be made towards expenditure incurred in the exercise of their functions; for the exercise by NHS bodies of local authority functions and for the exercise by local authorities of NHS functions; and require the partners to set out the terms of the arrangements in writing. The specific objectives for implementing Section 75 Agreements are:

- 7.2.2.1 To facilitate a co-ordinated network of health and social care services, allowing flexibility to fill any gaps in provision;
- 7.2.2.2 To ensure the best use of resources by reducing duplication (across organisations) and achieving greater economies of scale; and
- 7.2.2.3 To enable service providers to be more responsive to the needs and views of users, without distortion by separate funding streams for different service inputs.

- 7.2.3 In 2015/2016 Cheshire East Council entered into two separate s75 agreements, one with each CCG operating within the Cheshire East Borough footprint. In accordance with those agreements (and the statutory requirement to hold BCF pooled funds under a s75 agreement), during January 2016 a review was commenced into the continuation of the agreements for a further period of one year with the option to review and continue with those agreements for a further one year period.

- 7.2.4 As set out in paragraph 3.4, Policy Guidance regarding the BCF for 2016/17 describes the need for areas to develop Sustainability and Transformation Plans to 2020 by June 2016, which plans will need to describe how fully integrated health and social care systems will be achieved by 2020. Partners have recognised that the BCF s75 pooled budget is a vehicle by which this can be achieved and are considering amendments to the agreements which reflect this ambition both in terms of going beyond the minimum financial requirements in 2016/17

and of committing to designing and articulating how integration is to be achieved and managed.

- 7.2.5 During 2015/16 the governance of the BCF pooled fund arrangements has been developed and the BCF Governance Group now makes decisions, which has been taken into account within the amendments to the agreements.

7.3 Financial Implications

- 7.3.1 In 2016/17, the minimum required pool is £24,236,470 and consists of Local Authority Capital funding of £1,637,470, South Cheshire CCG funding of £10.705m and Eastern Cheshire CCG funding of £11.894m.

- 7.3.2 The local health and social care economy will work together to deliver better care arrangements for its population, seeking to keep individuals within the community, avoiding hospital/residential nursing care.

- 7.3.3 Following the agreement to operate two section 75 agreements within the Cheshire East area, the respective Clinical Commissioning Groups and Council are responsible for producing the pooled budget's accounts and audit in respect of those elements of the budget which they receive directly from government. This arrangement reduces the number of transactions across organisations and provides the opportunity for the pooled budgets to be aligned to the local health and social care transformation programmes. The organisations host the budget in line with the agreed plans of all partners and the funding would be used explicitly for the agreed areas of spending identified in the plan. The Council takes responsibility for the collation and consolidation of standardised financial and reporting information for the Cheshire East Health and Wellbeing board.

- 7.3.4 The risk sharing arrangements for over and underspends is directly linked to each scheme specification and the lead commissioning organisation will be responsible for the budget management of the pooled fund allocated to the each individual scheme. The risks of overspends for the schemes included in the BCF plan are currently limited to the funding contribution. A variation schedule has been included in the partnership agreement to provide the lead commissioner with the escalation process to raise issues and concerns.

7.4 Human Resources Implications

- 7.4.1 None

7.5 Equality Implications

- 7.5.1 The recommendations will most likely benefit over 65's and people living in disadvantaged areas more than other parts of the population.

7.6 Rural Community Implications

7.6.1 None.

7.7 Public Health Implications

7.7.1 The recommendations will have a positive impact on populations experiencing the greatest inequities in health and social care, e.g. those aged 65 years and above, and those with lower incomes / living in disadvantaged areas.

8 Risk Management

8.1 The Better Care Fund plan includes a risk register and each lead commissioner is responsible for maintaining a risk register. The risk register is monitored by the BCF Governance Group

8.2 The corporate risk registers for the respective organisations incorporate significant risks relating to BCF. Links to the Cheshire East Risk Strategy, which cabinet received on 9th February 2016, will be explored.

8.3 The most significant risks in the plan are as follows:

- Risk that a sufficient reduction in patient flows will not be achieved, thus preventing MCHFT and ECHT from removing capacity and costs in line with the plans.
- Risk that adequate planning for increased level of need amongst residents due to forecasted demographic changes, welfare reform and Care Act will lead to under-resourced services.
- Risk that failure of preventative services to achieve outcome improvements by the end of the BCF will lead to the double-running of costs in acute setting.
- Risk that failure to deliver integrated IT systems within agreed timescales will lead to delays in achieving national conditions for BCF and delays in providing fully integrated care for the population.

8.4 These risks are being managed, and will continue to be managed, as part of the delivery of the Better Care Fund plan.

9 Background Papers

9.1 The background papers relating to this report can be inspected by contacting:

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CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 3 March 2016
Report of: Democratic Services
Subject/Title: Work Programme update

1.0 Report Summary

- 1.1 To review items in the 2015/16 Work Programme, to consider the efficacy of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

- 2.1 That the work programme be reviewed and updated following actions from the meeting and other amendments.

3.0 Reasons for Recommendations

- 3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 Not applicable.

6.0 Background and Options

- 6.1 In reviewing the work programme, Members must pay close attention to the Corporate Priorities and Forward Plan.
- 6.2 Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.
- 6.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- Does the issue fall within a corporate priority

- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation
- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service

6.4 If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

7.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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Future Meetings

Formal Meeting	Informal Meeting	Formal Meeting	Formal Meeting	Formal Meeting	Informal Meeting
Date: 3 March 2016 Time: 10:00am Venue: Committee Suites, Westfields	Date: 10 March 2016 Time: 2:00pm Venue: Kim Ryley Room, Westfields	Date: 11 March 2016 Time: 10:00am Venue: Council Chamber, Macc	Date: 7 April 2016 Time: 10:00am Venue: Committee Suites, Westfields	Date: May TBC Time: TBC Venue: TBC	Date: 9 June 2016 Time: 10:00am Venue: Committee Suites, Westfields

Essential items

Item	Description/purpose of report/comments	Outcome	Lead Officer/organisation/Portfolio Holder	Suggested by	Current position	Key Dates/Deadlines
Implementation of the Care Act 2014	Committee offered the opportunity to take part in co-design of new service and delivery models for care	People live well and for longer	Brenda Smith Sarah Smith	Brenda Smith	Committee accepted invitation to take part. Work to be scoped	TBA
Adult Social Care Provider Fees	Committee offered the opportunity to take part in the review of delivery models for domiciliary and residential care in future	People live well and for longer	Brenda Smith Dominic Oakeshott	Brenda Smith	Committee accepted invitation to take part. Approved by Cabinet in Feb 16	March 2016 update
Public Health Funding	To receive a briefing on the future of funding for Public Health and consider the potential impact on services and health outcomes	People live well and for longer	Heather Grimbaldeston	Heather Grimbaldeston	Committee agreed to receive report	3 March 2016 Meeting 24 February agenda
Ambulance Services	Committee wishes to hold a select committee style review of ambulance services with NWS and stakeholders to consider	People live well and for longer	NWS, Acute Trusts, CCGs Council Fire +Police	Committee	Stakeholders given date of meeting. Schedule being developed	19 February 2016 in Crewe Meeting 11 February

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	response times in particular		RSLs			Agenda
Access to GPs and GP Services	To consider the level of access and range of services provided by GPs across the Borough with a view to promoting greater access and reducing health inequalities- also to include pharmacies, recruitment of GPs and nurse specialists.	People live well and for longer	GPs/NHS England CCGs Healthwatch	Chairman	Healthwatch Cheshire East has recently completed a piece of research on access to services which will inform Cttee's direction	20 January 2016 HWCE event was postponed. New date in March
Pharmacies	Potentially to be considered alongside GP Access	People live well and for longer	HG, CCGs, NHSE	Committee	Healthwatch is planning to carry out a patient survey	On hold
East Cheshire NHS Trust CQC Report	To examine the CQC's report and reasons for rating of "requires improvement" with the Trust and to hear what action has been taken	People live well and for longer	East Cheshire NHS Trust	Scrutiny Officer	CQC's report is available. Need to contact ECT to arrange item	11 March 2016 in Macc 3 March agenda
Developing the Roles of Social and Private Landlords in Health and Wellbeing	Workshop was held on 8 Jan 2015 to facilitate discussions between health and care bodies and social landlords. Summary report was written and sent to attendees in March 2015. Committee should follow up on report to assess if any action has taken place.	People live well and for longer	Council CCGs RSLs James Morley	Chairman's 1:1	Suggestion to resend the report to stakeholders and request a response to be presented to the Committee at a future meeting.	TBA
Maternity Services at local hospital trusts – Kirkup Report	Following the Kirkup Report into incidents in maternity services in Morecambe all trusts were recommended to review their maternity services and committee is recommended to discuss with local trusts	People live well and for longer	East Cheshire Trust and MCHFT	Heather Grimbaldeston	Providers agreed to attend informal meeting to provide a briefing on services	10 March 2016 informal meeting
Director of Public	To look at whether the	People live	All Cheshire	Chairman	Letter to	7 April 2016

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Health Annual Report 2013 and 2014 review	recommendations of the DoPH in previous reports have been implemented and improvements made	well and for longer	East commissioner and providers		commissioners drafted and due to be spent.	meeting 30 March agenda
Residential and Domiciliary Care Commissioning Annual Reports	To consider the state of services via annual reports		Brenda Smith	Chairman's 1:1	Agreed with Director to provide reports at 1:1	7 July 2016 meeting 29 June 2016 Agenda
Cancer Screening	To receive a briefing on up take of screening services and impact of cancer survival rates	People live well and for longer	Guy Hayhurst	Chairman's 1:1	Agreed with Director at 1:1	9 June 2016 informal
Quality Accounts 2015/16	To consider the Quality Accounts of Local NHS Trust	People live well and for longer	East Cheshire Trust MCHFT CWP	Committee	Agreed with Trust to provide, date to be confirmed	May 2016

Monitoring Items

Item	Description/purpose of report/comments	Outcome	Lead Officer/organisation/Portfolio Holder	Suggested by	Current position	Key Dates/Deadlines
Joint Strategy for Carers	Presentation of the draft Joint Carers Strategy 2016-2018 and the planned 3 year action plan to support carers in Cheshire East	People live well and for longer	Rob Walker CEC Jacki Wilkes Eastern Cheshire CCG	Committee	Strategy and response to Carers Task Group Report requested.	January 2016
Future of Carer Respite	Further to the Call In Meeting – to review the progress of the decision to secure alternative carer respite support via a formal tender	People live well and for longer	Brenda Smith	Committee	Report updating the committee on implementation of the Cabinet	7 April 2016

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	process, initially in November 2015				decision received in Nov 2015. First report on performance to be received at April meeting	
Health and Wellbeing Board	Consider report and action plan developed following a peer review of the HWB in November 2014	People live well and for longer	Health and Wellbeing Board Guy Kilminster	Committee	Development of an MoU with the Board and Healthwatch ongoing	On hold
Better Care Fund	To monitor the achievement of health and social care integration and improved health outcomes through BCF schemes	People live well and for longer	Caroline Barnes	Committee	Request from officers to bring 2016/17 BCF S75 for consideration	Provisional 3 March 2016 meeting TBC
Assistive Technology	To develop the use of assistive technology in Social Care Services and to maintain people's independent living	People live well and for longer	Jon Wilkie	Health and Adults PDG	Report has been submitted to Cabinet. Response to the report required at future meeting.	3 March 2016 meeting 24 February agenda
Adult Social Care Local Safeguarding Board	The Committee wishes to receive a presentation from the Board at an informal meeting as part of it's scrutiny role to monitor the adult safeguarding	People live well and for longer	Katie Jones Robert Templeton – chair	Committee	Robert Templeton has agreed to attend informal meeting to present briefing	4 February 2016

Possible Future/ desirable items

- Screening – Cancer and other health screening – informal meeting
- Public Health Service
- Healthwatch Commissioning (Lynn Glendenning)
- Mental Health Services – NHS England reviewed plans in Nov